

CHAPTER ONE

ORGANIZATION AND **MANAGEMENT** OF THE FAP

A. Authority Base for the FAP

1. Purpose of the FAP

Ps 1.1: Services shall be provided at the installation that prevent child and spouse abuse involving persons covered by DoD Directive 6400.1 (Section B, (reference (c)) . Allegations of such abuse shall be treated, in accordance with DoD Directives and Service directives. The specific definitions of child and spouse abuse, as defined in DoD Instruction 6400.2 (Enclosure 2, (reference (a)) and Service directives shall be followed.

Ps 1.2: Programs and services that contribute to healthy families, in accordance with DoD Directives and service and installation directives shall be developed at the Installation (Section D, (reference (c))).

Ps 1.3: Early identification and intervention in cases of alleged child and spouse abuse shall be promoted by the installation (Section D, reference (c)).

Ps 1.4: Programs of rehabilitation and treatment for child and spouse abuse problems shall be implemented, in accordance with DoD Directives and Service and installation directives. Such programs **do** not preclude appropriate administrative or disciplinary action (reference (c)). (Cross-referenced to "Intervention and Treatment, " PS 4.36, 4.37, 4.38, 4.40, 4.41, 5.30, 5.31, 5.32, 5.33, 5.34, in Chapters 4 and 5 below).

Ps 1.5: Cooperation shall exist with responsible civilian authorities in efforts to address the problems to which reference (c) applies and, in accordance with DoD Directives and Service and installation directives.

2. The FAP as a Command **Program**

PS 1.6: The installation FAP shall be officially sanctioned as a command support program with a clear delineation of how broad policy-making, coordinating, and management processes shall occur both in the FAP and between FAP and other related services of the installation. Concomitant authority and responsibility to carry out these processes shall be assigned and the policy-making, coordinating, and management functions shall be included in the written policies and procedures of the installation **or** command.

Ps 1.7: The necessary coordination and collaboration shall exist between the installation and the medical treatment facility (**MTF**) to implement the installation's FAP mission, in accordance with DoD Directives and Service and installation directives.

PS 1.8: A FAPO shall be appointed to implement the installation FAP, in accordance with DoD Directives and Service and installation directives (DoD Directive 6400.1 (reference (c))).

Ps 1.9: The Service directive shall specify the criteria for retaining and providing FAP services to Active Duty members in the Military Service. This shall be implemented through the installation FAP directive.

PS 1.10: Each installation shall develop and publish a current **FAP** directive consistent with the Service directive that implements reference (c).

Ps 1.11: The installation shall develop and maintain a program statement, consistent with the DoD Directives and the Service directives, that defines the FAP purposes, scope of services, and persons to be served.

Ps 1.12: All eligible military families living in the civilian community, those families living on military installations, and eligible civilians shall be recipients of FAP services (reference (c)).

Ps 1.13: A FAC shall serve as the policy-making, coordinating, recommending, and overseeing body for the installation's FAP. The installation directive shall specify the membership, functions, and responsibilities of the FAC members, in accordance with DoD Directives and Service directives.

B. Memoranda of Understanding (MOUs) and Contracts for the FAP Services

Ps 1.14: Any necessary and appropriate written MOU shall be developed with Federal, State, local, and foreign governmental agencies and with local civilian community organizations to facilitate the implementation of the FAP. When possible, these shall ensure continued military involvement with the involved military families.

PS 1.15: The installation's MOU with the appropriate Federal, State, local, or foreign organizations providing child protective services and related services shall set forth the roles and functions of both the installation and the child protective services organization. These roles and functions shall encompass reporting responsibilities, referrals, case management, and **emergency** interventions, including the removal and placement of children outside of their own homes (reference (c)).

PS 1.16: The installation's MOUS with civilian agencies and organizations shall require, if possible, that these agencies meet the professional standards set for the relevant field(s) as well as adhere to applicable laws governing child and spouse abuse.

Ps 1.17: Any purchase of service contract or agreement with a civilian agency or organization shall be made in writing. The agreement shall contain all terms and conditions required to define the persons to be served, the services to be provided, the credentials (including background criminal history checks) of providers, the procedures for payment, the payment plan, and the effective

dates of the agreement. All such agreements shall be signed by appropriate, authorized persons representing the parties to the agreement. Contracts are monitored and evaluated according to a plan, as specified by the FAP.

c. **FAP Management Systems**

1. **Management Accountability**

PS 1.18: The necessary arrangements shall exist to ensure the coordination and collaboration between military installations, including those of different Services, in providing FAP services for military families. These shall be in accordance with DoD Directives and Service directives. The installation directive shall address the coordination and collaboration of all installation services, in implementing the installation's FAP mission.

PS 1.19: The overall program goals, treatment objectives, and services to be provided by the installation's FAP shall be established. The roles, functions, qualifications, and responsibilities of **FAP** personnel shall be defined in writing, in accordance with Service directives. Policies shall exist to ensure that cooperation and appropriate exchange of information occurs between installation activities on FAP cases.

Ps 1.20: The installation FAPO (see definition 15, above) shall facilitate the development, oversight, coordination, administration, and evaluation of the FAP, in accordance with installation and Service directives. The FAPO shall be responsible for maintaining clear lines of authority and accountability in the FAP to ensure" coordination of the FAP functions and the integration of services.

Ps 1.21: Written policies and procedures shall govern the operations of the installation FAP. They shall be reviewed periodically and shall be available to personnel and other authorized cooperating agencies and individuals.

Ps 1.22: An installation FAP policies and procedures Manual shall be developed, revised, and updated. The policies shall reflect the accepted professional practices in the field and shall be accompanied by specified procedures that delineate implementation of policies.

2. **Human Resources of the FAP**

PS 1.23: The installation shall ensure there is a sufficient number of qualified personnel (military, civil service, contractors, and volunteers) to meet the PSS. A background criminal history check, in accordance with Section 231 of Public Law Number 101-647 (1990) (reference (b)) (see definition 10, above) shall be done on all FAP personnel covered by that section.

3. Physical Resources of the FAP

PS 1.24: Administrative services, logistical support, and equipment necessary to ensure the effective and efficient operation of the **FAP** shall be provided (**DoD** Directive 6400.1 (reference (c))).

PS 1.25: FAP personnel shall be housed and equipped in a manner suited to the FAP delivery of services. This shall include private offices and/or rooms available for personnel to engage in interviewing and counseling of clients in a confidential setting.

PS 1.26: Confidential client case records and materials shall be filed and stored, in **accordance** with DoD Directive 5400.11 (reference (d)) and in file cabinets, which provide reasonable security from unauthorized access.

PS 1.27: FAP personnel shall have a sufficient number of telephones conveniently located for easy access that shall accommodate the need for confidentiality. The telephone system shall be maintained in good working order and shall have the capacity to accommodate a 24-hour emergency response for FAP reports (e.g., beepers and answering service).

PS 1.28: FAP personnel shall have access to sufficient government vehicles that are available for implementing its services. In case of medical emergencies (including suicidal or unmanageable clients), MTF ambulances or law enforcement vehicles shall be utilized.

4. Financial Resources of the FAP

PS 1.29: Financial resources exist that permit the implementation of the FAP responsibilities, in **accordance** with DoD Directive 6400.1 (reference (c)) and accepted standards of practice. An annual report for the FAP highlighting the standards of the program, goals, and available and needed resources shall be prepared. The report should include trends, current fiscal experiences, and the planning for allocation of financial resources and FAP personnel.

D. Management Information Systems

PS 1.30: A plan shall be developed and implemented for the regular collection, utilization, and dissemination of information to ensure accurate and comparable statistics essential for program planning, administration, determination of FAP policies and budgets, and identification of unmet needs and/or gaps in services.

PS 1.31: The installation FAP shall establish guidelines to comply with the statistical reporting standards of the DoD Directives and Service and installation directives, including the accurate and timely registering of client data in the service Central Registry for FAP cases (DoD Instruction 6400.2 (reference (a))).

CHAPTER TWO

FAMILY SUPPORT (PREVENTION) SERVICES

A. Promoting General Awareness of Child and Spouse Abuse

PS 2.1: Prevention, education, and training efforts shall exist to **make** the **command**, military personnel, and their family **members** aware of the scope of child and spouse abuse **problems** and to facilitate cooperative efforts, (DoD Directive 6400.1 (reference (c)) . All newly assigned personnel shall receive an orientation to the FAP, available family support services, and installation FAP policies.

Ps 2.2: Services to assist in the prevention of child and spouse abuse, including information and education about the problem in general, **shall** exist. Prevention efforts shall be directed specifically toward potential victims, offenders, and non-offending, and identifiable high-risk family members (reference (c)).

PS 2.3: Community outreach efforts shall be provided and/or facilitated. They shall include support services (prevention), education, and training on the extent and nature of child and spouse abuse and an awareness of family violence, how to report it, and available services.

PS 2.4: Brochures, newsletters, and other publications for both the military and civilian communities shall be developed and disseminated to increase the awareness of child and spouse abuse issues and services on child and spouse abuse, including specific information on the FAP. Media and other public affairs resources shall be used as part of this general awareness effort.

B. Promoting Awareness Within the Military Community

PS 2.5: Periodic regular education for all installation and unit commanders and their immediate staff shall be provided. This education shall include the nature of child and spouse abuse, its prevention, the nature and availability of FAP services for military members and their dependents, and family stress. All new commanders shall receive information on their roles and responsibilities in FAP cases.

PS 2.6: Education for professional and paraprofessional personnel who work with children in military-related services **shall** be provided. These services shall include, but not be limited to, personnel in Department of Defense Dependents Schools (**DoDDS**), child development centers, family day care **homes**, and youth service centers. The FAP educational program content shall include causes and effects of child and spouse abuse, identification and reporting responsibilities, and available services. Additionally, managers or coordinators of these programs shall receive training in screening procedures to identify potential and actual child abusers or molesters (see PS 4.15) who are

engaged as **caregivers** of children. This training is in addition to the checks required by P. L. 101.645, Section 231.

C. Advocacy Services for Children, Spouses, and Families

PS 2.7: In the effort to prevent child and spouse abuse, the establishment and improvement of those services that promote healthy family lives shall be actively advocated. These services focus on strengths and needs rather than problems, include education and awareness training, and provide interpersonal skills training that allow individuals, couples, and families to function over the long term as well as the short run by initiating, developing and maintaining healthy relationships (DoD Directive 6400.1 (reference (c))).

PS 2.8: Criteria for the identification of high-risk persons and groups and their special needs shall be established by doing periodic needs assessments. These shall be based on the FAP's client data and other related sources. The identification of the special needs of high-risk persons shall be the joint responsibility of the command, the FAC, the Case Review Committee (CRC), the FAPO, and FAP personnel, with input requested from appropriate civilian community resource professionals. There shall be an annual plan of action developed based on the outcome of the needs assessment (Cross-referenced to "Planning," PS 8.7, below).

PS 2.9: The unique needs of each FAP case shall be met to ensure optimum advocacy for the family. This shall include the identification of gaps in the service plan, lack of or insufficient delivery of existing services, unnecessary delays in the delivery of services, fragmentation of service delivery, and the emergence of new or unique client needs. Trends and aggregate information about cases is also considered in planning for the delivery of services.

PS 2.10: Resource and service delivery problems shall be identified to the FAC, appropriate installation commanders, and higher echelons.

D. Family Support (Prevention) Services

PS 2.11: To alleviate marital or family stress, to prevent further problems, and to strengthen individual, couple, or family functioning, the following services shall be provided by the installation or clients shall be referred to civilian resources:

1. Spouse:

a. Coping with Stress (stress workshops and support groups, new baby adjustments, or job problems, etc.)

b. Emergency Assistance (financial, housing, health care, or basic necessities, etc.)

c. Spouse and Single-Parent Support Groups (same sex groups and groups oriented to specific problems such as incest survivors, etc.)

d. In-Home Services (full- or part-day, visiting nurse, or homemaker services, etc.)

e. Counseling (marital counseling, family counseling, group counseling, or other counseling)

f. Life Skills Development

g. Family Life Education and Family Planning (includes programs designed for individuals, couples, or families, that provide knowledge, social relationship skills, and support throughout the family life cycle)

h. Socialization (social groups, young wives/young husbands groups, Americanization, or language, etc.)

i. Personal Safety (assertiveness training, rape prevention, or self-defense, etc.)

j. Interpersonal Relationship Skills (conflict resolution, communications, problem solving, commitment, negotiation and/or compromise, team building, and dealing with anger, etc.)

k., Services for Special Needs Families

l. Legal Services

m. Rape Prevention and Coping with Rape

2. Children and Families:

a. Affordable and Accessible Child Day Care (child development center, family child care home, part-day care, or respite day care, etc.)

b. Support Services for New Parents (prenatal services, child development education, information and referral, or coping with parenthood, etc.)

c. Education for Parents (parenting education, stress reduction related to parenting, or group support, etc.)

d. Preventive Counseling (drop-in center or hotline for stress calls, etc.)

e. In-Home Services (full- or part-day, visiting nurse, or homemaker services, etc.)

f. Life Skills Development

g. Emergency Assistance (financial, basic necessities, housing, or health care, etc.)

h. Family Life Education and Family Planning (includes programs designed for individuals, couples, or families that provide knowledge, social relationship skills, and support throughout the family life cycle)

i. Socialization (social groups, young wives and/or young husbands groups, Americanization, or language, etc.)

j. Safety Education for Children (protection against abuse or seeking help, etc.)

k. Personal Safety (assertiveness training, rape prevention, or self-defense, etc.)

1. Interpersonal Relationship Skills (conflict resolution, communications, problem solving, commitment, negotiation and/or compromise, team building, and dealing with anger, etc.)

m. Rape Prevention and Coping with Rape

3. Coping with the Stresses of Military Life:

a. Predeployment

b. Post Deployment

c. Separation Due to Military Assignment (Temporary Duty and/or Temporary Active Duty)

d. Relocation and/or Permanent Change of Station (PCS)

e. Transition to Civilian Life

CHAPTER THREE

INVESTIGATION, ASSESSMENT OF THE COMPLAINT, AND DISPOSITION OF FAP CASES

A. Initial Reporting of Child and Spouse Abuse

Ps 3.1: An informational program to inform the military and civilian communities on the purpose of reporting suspected incidents of child or spouse abuse, the procedure used to make such reports, FAP activities in doing followup investigations and assessments, and the scope of FAP intervention services shall be developed and implemented.

PS 3.2: The installation FAPO or **designee**, shall receive all reports of alleged child or spouse abuse, in accordance with DoD Directive 6400.1 (reference (c)) and related Service directives. This shall include reports of alleged out-of-home or institutional child abuse, sexual abuse, or exploitation by caretakers.

PS 3.3: A case record (or file) shall be opened for every new case of alleged child or spouse abuse reported to the FAP. **Every** alleged incident shall be documented in writing. The installation FAPO or designee, shall be responsible for the collection of pertinent written information to be included in the case record (file), regardless of the administrative unit that obtained the information. Security of the case record, in accordance with Service directives shall be maintained. (Cross-referenced to "Case Records, " **PS** 6.22, 6.23, and 6.24, Chapter 6, below) .

PS 3.4: The military law enforcement blotter on **incident** reports of child and spouse abuse shall be reviewed. Local law enforcement agencies shall be requested to provide access to reported child and spouse abuse incidents involving military personnel and families. These review procedures shall be included in the installation MOUS with these agencies.

PS 3.5: Policies and procedures shall be developed to ensure that the following responsibilities are carried out in the case of alleged child or spouse abuse:

(a) Medical assessment for all minors in the household and treatment, when indicated, for all family members in the household by medically trained personnel.

(b) Notification of the service member's **commander**.

(c) Notification of military law enforcement and investigative agencies.

(d) Notification of the local public child protective services agency (in alleged child abuse cases only) in the United States and where **covered by** agreements overseas.

(e) Observance of the applicable rights of alleged offenders (DoD Directive 6400.1 (reference (c)) .

PS 3.6: A 24-hour a day reporting mechanism shall be established for receiving reports of alleged child or spouse abuse, including those reports received from military and civilian law enforcement agencies, medical facilities, the local public child protective services agency, and from individuals wishing to report cases of alleged child or spouse abuse in military families. The reporting mechanism may include a FAP hotline, an after-hours telephone communications plan, a beeper, or an on-call FAP staff duty arrangement.

Ps 3.7: Policies and procedures shall be developed to ensure that the FAP is consulted by military law enforcement on the referral of a spouse (and family) to a shelter. The installation MOU with civilian law enforcement agencies shall include the provision that an abused spouse shall be informed of FAP services during referral to a shelter.

PS 3.8: The installation FAP personnel shall be informed and consulted within 24 hours by military law enforcement agencies and/or the local child protective services agency on all alleged child abuse, molestation, and/or exploitation situations immediately on receipt of an incident report involving a military family. This provision shall also be included in the installation MOU between the **FAP** and the local child protective **services** agency. If possible, similar procedures in the form of a MOU shall be developed by the **FAP** with local law enforcement agencies. The purpose of these **agreements** shall be to promote the timely utilization **of FAP** intervention and support services by these agencies.

B. Initial Investigation and Assessment of Complaints of Child and Spouse Abuse

PS 3.9: Written policies and procedures shall incorporate the definition of "investigation, " e.g., the respective information gathering roles of FAP staff and the investigative **role** of military and civilian law enforcement agencies, and public **child** welfare protective service agencies. The purpose **of** the investigation shall be to gather facts about the abuse allegations. Facts are gathered by interviewing the reporter of the incident, the alleged victim, the alleged offender, and the parent(s) or siblings **of** the alleged victim, if a child. Additionally, other facts may be gathered by interviewing available witnesses, discovering the identity of other witnesses and interviewing them, and collecting physical evidence. Policies and procedures shall also specify when FAP staff shall carry out protective service investigations without military law enforcement involvement, and when it is appropriate for investigations to be carried out by the FAP staff in cooperation with military law enforcement or civilian law enforcement agencies. Policies and procedures governing investigations overseas shall be adapted to host-nation laws, the Status of Forces Agreements (SOFAS), and other realities of practice and custom.

Ps 3.10: Policies and procedures shall include time lines for staff to complete the assessment phase of an alleged abuse incident The **FAP policy**

shall reflect the urgency of protecting the alleged victim and shall provide for **prompt** investigation based on the severity of the abuse and further risk to the child and/or spouse.

Ps 3.11: FAP staff shall establish a reporting system to ensure that military law enforcement, military investigative services, civilian law enforcement agencies, and the public child protective services agency are notified during the investigative phase of a child or spouse abuse incident. Military law enforcement or military investigative agencies shall be notified within 24 hours of receipt of an allegation of an incident of child or spouse abuse. The installation FAP directive and MOUS shall specify the information to be obtained from the investigative agencies.

PS 3.12: Procedures to foster sufficient, accurate, and timely exchange of information with the appropriate public child protective services agency shall be established in compliance with the Privacy Act of 1975 and implementing DoD and Service guidance. Similar procedures shall be developed between the **FAP** and military **law enforcement**, military investigative agencies, and by installation MOUS with civilian law enforcement agencies. Exchange of case relevant information shall be maximally complete between agencies having interest in the investigation and disposition of FAP cases.

Ps 3.13: The installation FAP policy shall include language that outlines the procedures required to protect the rights of the alleged offender and the victim during the investigation and assessment phase.

Ps **3.14:** Policies and procedures shall be established to ensure the sharing of relevant information about the findings of the investigation among the various military and civilian organizations involved in the case. The policies shall include ensuring that the rights of persons involved in the investigation are not violated. Important information crucial to the investigation of one DoD organization, which is known to a second DoD organization, shall be shared with the first in an appropriate manner. The types of information may include; e.g.; medical information, location of witnesses, and additional follow-up information. Coordination with all agencies involved in an investigation shall occur. If an agency is not in DoD, policies shall ensure compliance with the Privacy Act of 1975.

PS 3.15: Written policies and procedures shall be established for the case management of out-of-home or institutional child abuse or sexual abuse.

c. Information Gathering on Child and Spouse Abuse Incidents

PS 3.16: Upon receipt of the initial law enforcement investigation report, information gathering, and followup to remedy the gaps in factual information on the alleged abuse shall be done.

Ps 3.17: Policies and procedures shall be established to protect the confidentiality of law enforcement and criminal investigative service reports.

CHAPTER FOUR

INTERVENTION AND TREATMENT IN CHILD ABUSE AND NEGLECT CASES

PS 4.1: Written policies and procedures shall include definitions of child abuse, neglect, and sexual abuse, as "the physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or other maltreatment of a child **under** the age of 18 years by a parent, guardian, employee of a **residential** facility, or any person providing out-of-home care who is responsible for the child's welfare, under circumstances that indicate that the child's welfare is **harmed** or threatened. " The term shall encompass both acts and omissions on the part of the responsible person. The term "child" shall be defined in the policies and procedures as "the natural (birth) child, adopted (adoption proceedings legally finalized) child, stepchild, foster child, or ward. " The term shall include an individual of any age who is incapable of self-support because of mental or physical incapacity and for whom treatment in a DoD **MTF** has been authorized (DoD Instruction 6400.2 (reference (a)) . (Cross-referenced to "Intervention and Treatment, " PS 4.14 through 4.17, in this Chapter, below.)

PS 4.2: The definition of child abuse shall include abuse that occurs by persons in loco parentis, abuse by strangers, and child-to-child abuse, and shall be written, in accordance with definitions in reference (a) .

PS 4.3: Guidelines shall be established and implemented for assessment and treatment of alleged juvenile offenders in child abuse and child sexual abuse cases.

PS 4.4: Written policies and procedures shall define an individual (one) case, as a "single victim" and an incident or subsequent incidents of maltreatment. An incident shall be defined as "an occurrence that may include one or more types of maltreatment of the child" (DoD Instruction 6400.2 (reference (a))). Individual cases of members of the same family shall be linked (e.g., the sponsor's identification number or some other method).

PS 4.5: Early identification and intervention in cases of alleged child abuse and/or neglect shall be required (DoD Directive 6400.1 (reference (c))).

PS 4.6: Medical assessment and treatment shall be ensured for all eligible family members by appropriately trained personnel (e.g., sexual abuse experts). Where a family member is not eligible, the appropriate referral shall be made (DoD Directive 6400.1 (reference (c))).

PS 4.7: Guidelines shall ensure that commanders have timely access to complete case information when considering appropriate disposition of allegations, including the following:

1. Prognosis for treatment, as determined by a clinician with expertise in the diagnosis and management of the abuse at issue (child physical abuse, neglect, or sexual abuse).

2. Extent to which the alleged offender accepts responsibility for his or her behavior and expresses a genuine desire for treatment

3. Other factors considered to be appropriate for the command, including prognosis as it has an impact on military performance and time required away from duties to fulfill treatment commitments (DoD Directive 6400.1 (reference (c)) .

A. Assessment of Child Abuse and Neglect Cases

PS 4.8: Written policies and procedures shall ensure that the protection of the alleged victim(s) and at-risk siblings shall be given the first priority by the FAP in providing (either directly or through other resources) investigatory, assessment, and intervention and/or treatment services.

Ps 4.9: Criteria shall be established for the relocation of the offender (or other involved persons, as appropriate), when that person is a Service member, from the home to alternative housing separate from the family home. , (This may be either on- or off-installation housing.)

Ps 4.10: Criteria and procedures shall be established for the removal of the child victim(s) of abuse or other children in the household when in danger of continued abuse or life-threatening neglect by the offender(s). This shall be done consistent with applicable laws governing protective custody and shall include instructions for safe transit of the child (both Continental United States (CONUS) and Outside the Continental United States (OCONUS)).

Ps 4.11: Criteria shall be established for determining the severity of the harm done or being done to the child victim, the seriousness of the allegation(s), and the risk factors for future abuse or neglect of the child by the offender(s). Harm shall be defined, as "any physical or mental injury or adverse condition of a child caused by acts or omissions of the child's parent(s) or caretaker." Severity of harm shall be defined, as "the degree of danger posed by past and present injuries caused by the acts or omissions of the parent(s) or caretaker." Risk shall be defined, as "the potential for harm of a child; imminent, threatened, or otherwise, without regard to whether the abuse or neglect can be substantiated."

PS 4.12: In doing the assessment and determining risk, recantation by the victim shall be considered a fact and part of the information on the case. It shall not, in and of itself, be used to conclude that the incident did not occur.

Ps 4.13: All cases requiring immediate protection from child abuse, neglect, or child sexual abuse shall immediately receive a medical examination by a qualified medical practitioner. When indicated, any other children residing in

the victim's home also shall receive medical examinations. Guidelines shall be established for access to medical services in OCONUS cases.

Ps 4.14: Policies and procedures shall define physical injury of a child, as "a type of maltreatment, to include: brain damage or skull fracture; subdural hemorrhage or hematoma; bone fracture; dislocation or sprain; internal injury; poisoning; burn or scald; severe cut, laceration, or bruise; other major physical injury that seriously impairs the health or physical well-being of the child victim; minor cut, bruise, or welt; twisting or shaking; and other minor injury" (DoD Instruction 6400.2 (reference (a))).

Ps 4.15: Policies and procedures shall define sexual maltreatment, exploitation, rape and intercourse, molestation, incest, and other sexual maltreatment, to include the following:

1. Sexual Maltreatment: Employment, use, permission, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in, any sexually explicit conduct (or any simulation of such conduct), or rape, molestation, prostitution, or other sexual activity between the offender and a child, when the offender is in a position of power over the child.

2. Exploitation: Forcing a child to look at the offender's genitals, forcing a child to observe an offender's masturbatory activities, exposing of a child's genitals for sexual gratification of the offender(s), talking to a child in a sexually explicit manner, surreptitious viewing of a child while undressed for the offender(s) sexual gratification, or involving a child in sexual activity such as pornography or prostitution in which the offender does not have direct physical contact with the child.

3. Rape and Intercourse: Sexual intercourse with a child involving the penetration of the child's vagina or rectum.

4. Molestation: Fondling or stroking of breasts or genitals, oral sex, or attempted penetration of the child's vagina or rectum.

5. Incest: Sexually explicit activity identified (in PS 4.15.1 through 4.15.4, above) between a child and parent, a sibling, or other relative too closely related to be permitted by applicable law to marry.

6. Other Sexual Maltreatment: Other sexual activity with a child which has not been described (in 4.15.1 through 4.15.5 above, reference (a)).

PS 4.16: Policies and procedures shall define the types of neglect as the following:

1. Deprivation of Necessities: Neglecting to provide nourishment, appropriate shelter, clothing, and health care.

2. Failure to Thrive: A condition of a child indicated by not meeting developmental milestones for a typical child.

3. Lack of Supervision: Inattention on the part of, or absence of, the caretaker that results in injury to the child or that leaves the child unable to care for him or herself, or the omission to have the child's behavior monitored to avoid the possibility of injuring self or others.

4. Educational Neglect: Allowing for extended or frequent absence from school, neglecting to enroll the child in school, or preventing the child from attending school for other than justified reasons.

5. Abandonment: The absence of a caretaker when the caretaker does not intend to return or is away from home for an extended period without arranging for a surrogate caretaker.

Ps 4.17: Policies and procedures shall define the types of emotional maltreatment as the following:

1. Emotional Abuse: Active, intentional berating, disparaging, or other abusive behavior toward the victim that affects adversely the psychological well-being of the child victim.

2. Emotional Neglect: Passive (with or without an aggressive motive) inattention to the child victim's emotional needs, nurturing, or psychological well-being (DoD Instruction 6400.2 (reference (a))).

B. Assessment Distinctions

PS 4.18: Risk assessment shall be defined in the policies and procedures of the installation or command. This shall include risk assessment as a clearly-defined process that uses interviews, observations, social history data, and evidence to develop an accurate and reliable understanding (and written description) of whether or not a child is safe and unlikely to be harmed by the acts or omissions of the offender(s) in the near future. Risk assessment cannot definitively predict behavior, but can reduce errors in judgment and may be studied over time to lend more accuracy to prediction. Risk assessment shall identify both strengths as well as problems and limitations. Therefore, it is used in both protection and treatment decisions.

Ps 4.19: Policies and procedures shall define the information sources that should be used in doing assessments of child abuse, neglect, or child sexual abuse cases. These include the following:

1. Background information checks, including both computer and other record-keeping systems of the Service Central Registry, State child abuse registry, criminal identification data banks, FAP records, medical records, and housing complaint records, etc. If the alleged offender(s) is a DoD employee subject to Section 231 of P.L. 101-647, include results of that screening.

2. Collateral contacts with schools, child day-care centers, military and civilian service centers, local child protective services agencies, the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), and other military or community mental health providers, etc.

PS 4.20: During the period of investigation and assessment, sufficient monitoring, and **immediate** support to the child's family shall be provided to ensure adequate protection of the child victim and siblings, if they are remaining in the parent(s)' or guardian(s)' home **or** the home of others acting in loco parentis.

PS 4.21: Policies and procedures, which define the basic standards for assessing child abuse and neglect cases shall exist. The assessment shall be done by a Level-Two professional as defined in PS 7.3 and PS 7.5, Chapter 7, below. It shall include, but not be limited to, the following:

1. Background checks of previous abuse incidents recorded in the Service Central Registry, law enforcement, FAP records, medical records, and background checks conducted under Section 231 of P.L. 101-647 (reference (b)) (refer to PS 4.19), etc. (Cross-referenced to "Assessment Distinctions, " PS 4.19, above).

2. Review of reports of any law enforcement investigations.

3. Interviews about the incident with the perpetrator, child (victim), other minor children or adults in the household, and witnesses to the incident.

4. Assessment of the current presenting problems.

5. Assessment of the functioning of parents or caretakers, any minor children, and the family as a whole.

6. Assessment of the medical services findings and history of the victim, offender, and others in the family, if indicated.

7. Application of severity of harm measures to the victim in this, or previous, abuse incidents.

8. Application of risk assessment (prediction of future risk-of-abuse).

9. Assessment of the need for protection of the victim from the offender and the ability of the non-offending parent to protect and support the child.

10. Assessment of whether Level-One or Level-Two Intervention services are indicated for the case. (Cross-Referenced to "Intervention and Treatment, " PS 4.36 and PS 4.38, in this Chapter, below and PS 5.30 and PS 5.32, in Chapter 5, below).

PS 4.22: Written assessment policies and procedures shall include the methods for assessing the following factors on the child abuse cases:

1. History of Abuse: Offender, victim, current family, and each parent or caretaker's own personal family history of any abuse in the parental home.
2. History of Substance Abuse: Offender and/or victim.
3. History of Child's Ability to Protect Self from Abuse by the Offender and Other Abusers.
4. Family Life-Style Factors: Family life-styles; child-rearing patterns; and cultural, ethnic, and racial factors in families; etc.
5. Family Stress Factors: Personal crisis, marital conflict, separation and/or divorce, illness or death of a family member, social isolation from family, friends, or support persons, etc.
6. Environmental Factors: Home, school, neighborhood, or community's impact on the family.

PS 4.23: Policies and procedures shall include guidelines for how a child victim and other children in the victim's household shall be interviewed by **FAP** personnel. These shall include provisions for the following:

1. Interviewing the child as the primary source of information on an age-appropriate basis.
2. Collecting information from a child in a manner to protect the child's right to privacy.
3. Interviewing the child in a child-centered environment and not in the presence of the alleged offender.
4. Avoiding the necessity of subjecting the child to multiple interviews,
5. Ensuring that interviews are done by qualified (Level-Two) professionals.

PS 4.24: Policies and procedures shall specify when the following diagnostic assessments should be used in child abuse and sexual abuse cases. They shall be conducted by a Level-Two professional, as defined in PS 7.3 and 7.5., Chapter 7, below.

1. Bio-Psychosocial History.
2. Play Interviews (with anatomically correct dolls for sexual abuse cases) .
3. Neurological Examinations (especially for developmental disabilities).
4. Psychological Testing (intelligence, personality, projective, etc.).

5. Educational Testing (for learning disabilities).

PS 4.25: Installation policies and procedures shall include child risk assessment factors that shall be conducted by Level-Two professionals and shall provide for the following:

1. The protection of the child as paramount.
2. Assurance that the most serious cases receive prompt and intensive assistance.
3. Support of professional judgment and not substitute for it.
4. Sensitivity to racial, ethnic, and cultural factors in the therapeutic process.
5. Assistance in developing the case plan.
6. Individual and sibling evaluations with attention given to individual differences.

c. Initial Case or Service Plan

PS 4.26: An initial case or service plan shall be developed as a result of the initial assessment within 30 days of opening the case (date the FAP received the report of alleged abuse). The case or service plan shall be written, in accordance with the policies and procedures standards for preparing case or service plans and for the FAP case record documentation of the case or service plans.

PS 4.27: The family shall be engaged in using its own strengths and resources throughout the case and/or service planning process, including the following:

1. Exploration of family needs and alternatives to family separation for the protection of the child.
2. Identification of each family member's strengths and the use of these strengths in the treatment process.
3. Development of service intervention and/or treatment goals for each family member, time-limited objectives to accomplish these goals, and target dates for completion and evaluation.
4. Exploration and selection of remedial measures and resources, which are based on the differential use of professional methods, in accordance with varying family needs and dynamics.
5. Development of plans to respond to family needs and Problems and facilitate referral to appropriate military and civilian resources so that the approaches and responses to the family can be most effective.

6. Preparation of the family for the use of the FAP and other resources.

7. Development of plans for monitoring the case and for providing followup to the case.

D. Assessment of the Need for Out-of-Ho- Protection of the Child Victim and Siblings

PS 4.28: Installation policies and procedures shall define the conditions that must be met before a child may be considered for removal and/or return to the parents' or caretaker's home. This should be coordinated with local civilian child protective services. Written policies and procedures should reflect the philosophy that a child has the right to be with his or her own family. The-protection of the child and his or her well-being must remain paramount, when determining the readiness of the parent(s) or caretaker to provide a safe environment for the child.

PS 4.29: Options for, and utilization of, 24-hour emergency housing, both on and off the installation, shall be developed.

E. The FAC and the CRC

Ps 4.30: The installation commander shall appoint a FAC, which shall be a policy-making and recommending body for issues related to the installation FAP . (See Chapter 1, above, for more standards on the FAC.)

PS 4.31: The CRC shall be a multidisciplinary team with members appointed in writing. When required by the volume of FAP cases and specific needs at an installation, more than one FAP CRC may be appointed to specialize in the types of cases to be reviewed (child abuse, sexual abuse, or spouse abuse).

PS 4.32: Written policy and criteria shall be established for determining whether or not a child is in "imminent danger" in accordance with the installation risk-assessment tool. This information shall be conveyed by the CRC to the FAP0, military law enforcement, MTFs, and other military organizations involved in reporting, investigating, and assessing child abuse and neglect cases. This policy and criteria shall be based on the recommendations of the CRC(s) .

Ps 4,33: Policies and procedures shall state the specific definitions of the status of a child abuse and/or neglect case, as follows:

1. Substantiated: A case that has been investigated and the preponderance of available information indicates that abuse has occurred. This shall mean that the information that supports the occurrence of abuse is of greater weight, or more convincing, than the information that indicates that abuse or neglect did not occur.

2. suspected: A case determination is pending further investigation. Duration for a case to be "suspected," and under investigation, shall not exceed 60 days from the date of the first report of abuse or neglect.

3. Unsubstantiated: A case that has been investigated and the available information is insufficient to support the allegation of child abuse and/or neglect or spouse abuse.

a. Unsubstantiated. Did Not Occur. A case is ruled unsubstantiated, did not occur, that has been investigated and the allegation of abuse and/or neglect is unsupported. The family needs no family advocacy services.

b. Unsubstantiated. Unresolved. A case is ruled unsubstantiated, unresolved, that has been investigated and the available information is insufficient to support the allegation of abuse and/or neglect. Referral to family support services may occur.

Ps 4.34: The FAP case manager and/or provider shall work with the CRC to make and document the determination of the case status as "substantiated," "suspected," or "unsubstantiated." This written documentation shall include the following:

1. Documentation in the CRC meeting minutes (with protection of **confidentiality**) of the finding and recommendations.

2. Documentation in the FAP case record of the finding and recommendations.

3. Documentation of both substantiated and/or suspected and unsubstantiated findings on DD Form 2486, "Child and Spouse Abuse Incident Report."

4. Documentation in a written report to the Service member's commander of the finding and recommendations on substantiated cases.

5. A written response, when appropriate, by each commander to report corrective actions taken at command level.

Ps 4.35: The FAC CRC's responsibilities shall include the following:

1. Determine the status of the case; i.e., "substantiated," "suspected," or "unsubstantiated."

2. Review and approve the assessment indicated by the circumstances of the FAP case.

3. Review and approve the case plan.

4. Review and approve either Level-One or Level-Two interventions, as indicated by the circumstances of the FAP case.

5. Make recommendations to commanders regarding Service members' participation in treatment.

6. As appropriate, provide case summary and recommendations when command administrative action is being planned or taken on an offender of a substantiated FAP case that is a Service member.

7. As appropriate, provide clinical review and recommendations on substantiated FAP cases to the Service member's commander for use in criminal action or other legal cases.

8. Monitor and advise commanders of progress in treatment.

9. Determine case transfer and/or closure.

10. Determine suitability for transfer (both within CONUS and OCONUS).

F. Level-One Intervention Services

1. Educationally-Based Programs

PS 4.36: Level-One intervention services shall be established, which are educationally-based programs. These programs shall either be provided by the FAP or be arranged to be provided by other military units, contractors, and/or other civilian service providers. These Level-One programs are generally provided in groups and shall be described in the FAP written policies and procedures.

Required Services: Educationally-based programs, or combination of programs, which address the following needs for intervention with the offender, with the non-offending parent, or the parents as a couple, shall be provided:

1. Parenting.

2. Stress Management.

3. Child Development.

4. Anger Management.

5. Interpersonal Communications.

6. Power and Control Issues.

7. Victim Support Groups.

8. Parent and/or Teen Groups.

Educationally-based programs are those whose intent is to convey information and awareness to the participants in the group sessions. They provide practice exercises to increase self-awareness but are not aimed at developing psychological insights into an individual participant's behavior. Educationally-based programs primarily involve a didactic process.

2. Support Services

Ps 4.37: The development and provision of the following Level-One interventions by the FAP, other military activities, contractors, and/or other civilian service providers shall be promoted. The installation FAP policies and procedures manual shall describe the existing programs, under what circumstances they should be used for a case, where they are located, and how referrals and/or followups should be made by FAP personnel. Services marked with an asterick (*) are those of the highest priority.

1. Chaplaincy Services.
2. Child Day Care Services.
3. Crisis Counseling.*.
4. Drug and Alcohol Counseling.*.
5. Educational and/or Vocational Training Services.
6. Emergency Financial Assistance.
7. Family Planning.
8. Financial Counseling.
9. Health Care Services.*.
10. In-Home Services.
11. Housing.
12. Parenting Education and/or Child Discipline.
13. Recreational Services.
14. Respite Care.*.
15. Support Groups for Adults and Adolescents.
16. Visiting Nurse Services.*.

G. Level-Two Intervention Services

1. Clinically-Based Programs

PS 4.38: Clinically-based Level-Two programs specifically for child abuse shall be established. These programs shall either be provided by the FAP or be arranged to be provided by other military activities, contractors, and/or other civilian service providers. These Level-Two programs shall be described in the installation FAP policies and procedures manual.

Required Services: Clinically-based programs, or combination of programs, addressing the following needs shall be provided for the treatment of the offender, of the non-offending parent, the parents, couple, or children:

1. Insights Into Parenting.
2. Stress Insight, Reduction, and Control.
3. Victim Insight and Development.
4. Anger Insight, Reduction, and Control.
5. Treatment of the Child.
6. Interpersonal Communications Insight Development.
7. Power and Control Insight.

Clinically-based programs are generally provided in group sessions and are those in which the intent is to provide the participant with insight into his or her own behavior utilizing the psychodynamics of the group sessions. The participants are assisted to gain an understanding of their own and other individuals' psychodynamics and behavior patterns and responses through observing and confronting others in the group sessions and in being confronted by others in the group. These programs provide practice exercises to increase self-control. The programs provide information to the participants similar to that imparted in the educationally-based programs. The clinically-based programs are much less didactic and provide deeper emotional experiences for the participants as well as helping them towards a deeper understanding of their behavior.

Ps 4.39: Educationally-based programs for clients of the FAP who are involved in Level-Two intervention may be utilized, if it has been deemed that such programs would better meet the needs of the individual. The case and/or service plan shall document the reasons for this clinical decision by the FAP or the CRC. This decision shall be recorded in the FAP case record.

2. SUPport Services

Ps 4.40: The development and provision of supportive services needed in Level-Two intervention services shall be promoted. Some are similar to those listed for Level-One intervention services. The supportive services may be provided by the FAP or arranged to be provided by other military activities, contractors, and/or other civilian service providers. The installation FAP policies and procedures manual shall describe the existing programs, and how they should be used in a resource manual made available to all FAP personnel. Services marked with an asterick (*) are those of the highest priority.

1. Adoption Services.
2. Chaplaincy Services.
3. Child Day Care Services.
4. Children's Shelter*.
5. Crisis Counseling*.
6. Educational and/or Vocational Training Services.
7. Emergency Financial Assistance.
8. Family Planning.
9. Foster Family Care Services*.
10. Financial Counseling.
11. Health Care Services*.
12. In-Home and/or Parent Aide Services*.
13. Recreational Services.
14. Residential Care and Treatment Services.
15. Respite Care*.
16. Support Groups for Adults and Adolescents.
17. Visiting Nurse Services*.

Ps 4.41: Treatment services shall be developed that are appropriate for treating offenders, victims, and other members of the household who are in need of Level-Two intervention services involving counseling and psychotherapy. The FAP shall provide such services, or have arrangements with other military activities, contractors, and/or other civilian service providers for such

therapeutic services. The FAP policies and procedures shall describe the various therapeutic services provided, under what circumstances, and when, where, and how referrals and/or follow-ups should be made when these services are provided outside of the FAP. These Level-Two therapeutic services shall include the following:

1. Counseling.
2. Psychological Services.
3. Individual Psychotherapy
4. Psychiatric Services (includes In-Patient Services).
5. Group Psychotherapy for Adults and Adolescents.
6. Drug and Alcohol Counseling.
7. Family Therapy.
8. Conjoint Therapy for Couples.
9. Play Therapy for Children.
10. Victims Groups.

H. Termination of FAP Services in Child Abuse/Neglect Cases

PS 4.42: Policies and procedures shall be established to specify that the decision to terminate the **FAP** services for a child abuse case shall be based on a current risk assessment, on determinations that there has been progress in the treatment of the offender(s) and victim(s), and that the **treatment** objectives for the case have been met. These shall be **documented** by the case manager in the case record. The case closing for these reasons or for any other shall be reviewed and approved by the CRC.

CHAPTER 5

INTERVENTION AND TREATMENT IN SPOUSE ABUSE CASES

PS 5.1: Spouse abuse shall be **defined**, as "assault, battery, threat to injure or kill, other act of force or violence, or **emotional** maltreatment **inflicted by** one spouse or the other. " A spouse under 18 years of age shall be treated as spouse abuse. (Cross-referenced to "Intervention and Treatment" PS 5.11 through 5.14, below.)

PS 5.2: Policies and procedures shall define a case, as a "single victim." Individual cases of members of the same family shall be linked (i.e., by the sponsor's identification number or some other method). The initial incident and any subsequent incidents of maltreatment of the same victim shall constitute a single case. An incident shall be defined in the installation FAP policies and procedures, as "an occurrence that may include one or more types of abuse of a spouse." (See PSS 5.11 through 5.14, below.) (DoD Instruction 6400.2, reference (a)).

Ps 5.3: Early identification and intervention in cases of alleged spouse abuse shall be promoted (DoD Directive 6400.1, reference (c)).

Ps 5.4: Access for all eligible family members to medical services provided by appropriately trained personnel shall be ensured (reference (c)).

Ps 5.5: Policies and procedures shall exist to ensure that commanders have timely access to case information when considering appropriate disposition of allegations including the following:

1. Military performance and potential for further useful service.
2. Prognosis for treatment, as determined by a clinician with expertise in the diagnosis and management of the spouse abuse at issue.
3. Extent to which the alleged offender accepts responsibility for his or her behavior and expresses a genuine desire for treatment.
4. Other factors considered to be appropriate for the command (reference (a)).

A. Assessment of Spouse Abuse Cases

PS 5.6: Policies and procedures shall be established to ensure that the protection of the alleged victim of spouse abuse and any minor children in the household shall be given first priority in providing (either through the FAP or through other resources) investigatory, assessment, intervention, and treatment services,

Ps **5.7:** Guidelines shall define when a victim of spouse abuse shall be referred to a shelter. These policies shall be in the FAP policies and procedures and shall protect the right of the adult victim to make the final decision about moving temporarily to a shelter for the victim's protection.

PS 5.8: Criteria shall recommend when the offender in a spouse abuse incident, who is a Service member, shall be removed from the home, on a temporary basis, pending a full investigation and assessment of the case. Policies and procedures shall also define the criteria for recommending when the offender may be returned to the family home.

Ps 5.9: Policies and procedures shall establish that the spouse victim of abuse, who has been referred to a shelter for the victim's protection from the offender, shall be informed of any risks of returning home as well as other living arrangements to consider in deciding to leave the safety of the shelter.

Ps 5.10: The Service directive shall include criteria to determine the severity of the harm done to the victim of spouse abuse, the seriousness of the allegation(s), and the risk factors for future spouse abuse by the alleged offender. Harm shall be defined, as "any physical or mental injury or condition of a spouse allegedly caused by an act of the offender." Severity of harm shall be defined, as "the degree of danger posed by past and present injuries allegedly caused by the acts of the offender." Risk shall be defined, as "the potential for harm of the victim of spouse abuse; imminent, threatened, or otherwise, without regard to whether the spouse abuse can be documented."

Ps 5.11: Physical spouse abuse shall be defined, as "use of physical force to intimidate, control, or force a spouse to do something against his or her will." This may include grabbing, pushing, holding, slapping, choking, punching, sitting or standing on, kicking, hitting with objects, and assaults with knives, firearms, or other weapons.

PS 5.12: Sexual abuse shall be defined, as "the forcing of the spouse by the offender to engage in any sexual activity through the use of physical violence, intimidation, the explicit or implicit threat of future violence, or abuse if the offender's advances are refused."

Ps 5.13: Property violence by a spouse abuse offender shall be defined, as "property damage that usually occurs as a means to scare or intimidate." It includes, but is not limited to, the breaking of property, putting a fist or foot through a wall or door, throwing food, breaking dishes, and damaging automobiles.

Ps 5.14: Psychological violence by a spouse abuse offender shall be defined, as "one or more of the following behaviors: explicit or implicit threats of violence, extreme controlling types of behavior, extreme jealousy, mental degradation (name calling, etc.), and isolating behavior." The intent of the abuser is to intimidate the victim.

B. Assessment Distinctions

PS 5.15: Policies and procedures shall exist that define the basic standards for assessing a spouse abuse case. The assessment shall be done by a Level-Two professional, as defined in PSS 7.3 and 7.5, Chapter 7, below, and shall include, but not be limited to, the following:

1. Background checks of previous abuse incidents recorded in the Service Central Registry, law enforcement, FAP records, medical records, etc. **(Cross-referenced to "Assessment Distinctions" PS 5.20, below.)**
2. Review of reports of any law enforcement investigations.
3. Interviews about the incident with the perpetrator, spouse (victim), minor children in the household, and witnesses to the incident.
4. Assessment of the current presenting problems.
5. Assessment of the functioning of individuals, the spouses, any minor children, and the family as a whole.
6. Assessment of the medical services' findings and history of the victim, offender, and others in the family, if indicated.
7. Application of severity of harm measures to the victim in this, or previous, abuse incidents.
8. Application of risk assessment (prediction of future risk-of-abuse).
9. Assessment of the need for protection of the victim from the offender.
- 10.** Assessment of whether Level-One or Level-Two intervention services are indicated for the case.

PS 5.16: Policies and procedures for the assessment shall include the methods for assessing the following factors of the spouse abuse case:

1. History of Abuse: Offender, victim, current family, and each person's family of origin history of any abuse in the parental or other caretakers' home.
2. History of Substance Abuse: Offender and victim.
3. History of Victim's Ability to Protect Self from Abuse by the Offender and Other Abusers.
4. Marital and Family Life-Style Factors: Marital relationships styles; family life-styles; cultural, ethnic, and racial factors; etc.

5. Marital and Family Stress Factors: Personal crisis, marital conflict, divorce, illness or death of a close family member, blended or stepparent family composition, social isolation from extended family, friends, support persons, Americanization of a spouse, and/or language barriers, etc.

6. Environmental Factors: Home, neighborhood, or community's impact on the couple and/or the family.

Ps 5.17: Policies and procedures shall state how and by whom the victim of spouse abuse and any minor children residing in the household shall be interviewed **and/or** observed, as is appropriate for the age(s) of the children), by FAP personnel:

1. Interviewing of the victim of alleged spouse abuse shall be the primary source of information.

2. Interviewing of the minor children residing in the household, if age appropriate, or observing the children, if not interviewed, on a planned basis.

3. Collecting information from the victim and from the minor children shall be done in such a manner as to protect their right to privacy.

4. The interview shall be done by a Level-Two professional, as defined in PSS 7.3 and 7.5 , Chapter 7, below.

PS 5.18: The spouse abuse risk-assessment factors in the Service or installation policies and procedures, shall be done by a Level-Two professional as defined in PSS 7.3 and 7.5, Chapter 7, below, and shall provide for the following:

1. The protection of the victim and minor children in the household.

2. Assurance that the most serious cases receive prompt and intensive assistance.

3. Support of professional judgment and not substitute for it.

4. Sensitivity to racial, ethnic, and cultural factors in the therapeutic process.

5. Assistance in developing the case or service plan.

6. Individual assessments of the offender, victim, and any minor children.

Ps 5.19: Risk assessment shall be defined in the Service and installation policies and procedures. This shall include risk assessment as a clearly defined process that uses interviews, observations, and evidence to develop an accurate, reliable, relevant understanding (and written description) of whether or not the victim is safe and unlikely to be harmed by the offender in the near future. Risk assessment cannot definitively predict behavior, but can reduce

errors in judgment and may be studied over time to lend more accuracy to prediction. Risk assessment shall identify both strengths as well as problems and limitations. Therefore, it is used in both protection and treatment decisions.

PS 5.20: Policies and procedures shall define the assessment information sources that are required to be contacted and utilized in doing an assessment of a spouse abuse case. These shall include, but not be limited to, the following:

1. Background information checks from both computer and other **record-**keeping systems to include the Service Central Registry, criminal identification data banks, FAP records, medical records, and housing complaint records, etc.

2. Collateral contacts that have relevant information about either or both the offender and the victim of spouse abuse. Also, any relevant collateral sources for any minor children residing in the household, if indicated.

PS 5.21: In doing the assessment and determining risk, recantation by the victim shall be considered a fact and part of the information on the case. It shall not, in and of itself, be used to conclude that the incident did not occur.

c. Initial Case or Service Plan

PS 5.22: An individual case or service plan shall be developed by the case manager within 30 days of the opening of the case (the date the FAP received the report of alleged spouse abuse). The case or service plan shall be prepared and written, in accordance with the FAP policies and procedures standards and shall be documented in the FAP case record.

PS 5.23: The offender and the victim of spouse abuse shall be engaged in using their own strengths and resources throughout the case or service planning process, including the following:

1. Exploration of the needs of each spouse, and how best to protect the victim.

2. Identification of each spouse's strengths and the use of the strengths in the problem-solving process.

3. Development of Service intervention and/or treatment goals for each spouse (and other family members, if needed), tasks to accomplish these goals, and target dates for completion and evaluation.

4. Exploration and selection of remedial measures and resources which are based on the differential use of professional methods, in accordance with varying needs and dynamics of each spouse and other family members.

5. Development of plans for interpreting the needs and problems of both the offender and the victim to appropriate military and civilian resources so that their approaches to the individual spouses can be most effective.

6. Preparation of the offender and the victim for the use of the FAP and other resources.

7. Development of plans for monitoring the case and for providing followup to the case.

D. Assessment of the Continuing Need for FAP Services, Including the Return Home of the Spouse

PS 5.24: Guidelines shall be established for assisting the victim in considering returning home to be with the offender as well as the offender's return home to the family. The spouse victim is free to make this choice, but should be informed, before making the decision, about the conditions which should be met for the victim's protection on returning home and again being with the offender. If there are minor children involved, the spouse victim shall make the decision about their returning home when no child abuse allegation has been made nor any FAP child abuse case opened. (Cross-referenced to "Assessment" PSS 5.7 through 5.9, above.)

E. The FAC and the CRC

PS 5.25: Policies and procedures shall incorporate criteria, based on the recommendations of the CRC, for determining whether or not a spouse victim is in "imminent danger" and shall convey this to the FAP, military law enforcement, the MTFs, and other DoD organizations involved in reporting, investigating, and assessing spouse abuse.

PS 5.26: A review all of the available case material shall be done and a determination made of "substantiated," "suspected," or "unsubstantiated" for each case. Recommendations shall be made to the Service member's commander on referral to a specific treatment program. Monitoring shall be done and the commander advised of progress in treatment (DoD Directive 6400.1, (reference (c))).

PS 5.27: Policies and procedures shall use the following specific definitions of the status of a spouse abuse case:

1. Substantiated: A case that has been investigated and the preponderance of available information indicates that abuse has occurred. This shall mean that the information that supports the occurrence of abuse is of greater weight or more convincing than the information that indicates that abuse or neglect did not occur. These are sometimes referred to as "founded" cases.

2. Suspected: A case determination is pending further investigation. Duration for a case to be "suspected" and under investigation shall not exceed 60 days from the date of the first report of abuse.

3. Unsubstantiated: A case that has been investigated and the available information is insufficient to support the allegation of child abuse and/or neglect or spouse abuse.

a. Unsubstantiated. Did Not Occur. A case is ruled unsubstantiated, did not occur, that have been investigated and the allegation of abuse and/or neglect is unsupported. The family needs no family advocacy services.

b. Unsubstantiated. Unresolved. A case is ruled unsubstantiated, unresolved, that has been investigated and the available information is insufficient to support the allegation of abuse and/or neglect. Referral to family support services may occur.

PS 5.28: The determination of the case status, as "substantiated," "suspected," or "unsubstantiated" shall be documented. This written documentation shall include the following:

1. Documentation in the CRC meeting minutes (with protection of confidentiality) of the finding and recommendations.

2. Documentation in the FAP case record of the finding and recommendations.

3. Documentation of substantiated, suspected and unsubstantiated findings on DD Form 2486 ("Child/Spouse Abuse Incident Report").

4. Documentation in a written report to the Service member's commander of the finding and recommendations, in accordance with the Service directives.

PS 5.29: The CRC's responsibilities shall include the following:

1. Determine the status of the case: "Substantiated," "suspected," or "unsubstantiated ."

2. Review and approve all case or service plans, based on current assessments of the cases, which state the case goals and objectives for providing appropriate and timely FAP intervention and treatment services.

3. Review and make recommendations, as appropriate, to commanders on command administrative actions being planned for active duty Service members involved in FAP cases, in accordance with Service directives.

4. Review and make recommendations, as appropriate, on criminal action being contemplated against an offender of a substantiated FAP case by military or civilian law enforcement agencies or judicial officers when requested, and in accordance with Service directives.

5. Approve case closures (cross-referenced to "Case Closing, " PS 6.19, Chapter 6, below).

F. Level-One Intervention Services

Ps **5.30:** Educationally-based programs shall be established. These programs shall either be provided by the **FAP** or **be** arranged to be **provided** by other military activities, contractors, and/or other civilian service providers. These educationally-based programs shall be described in the installation FAP policies and procedures.

Educationally-based programs are intended to convey information and awareness to the participants, generally in group sessions. They provide practice exercises to increase self-awareness, but are not aimed specifically at developing psychological insights into an individual participant's behavior. They use primarily an educational process. They may require group participants' "contracts," which spell out the group participation standards and consequences of a failure to meet such standards. Educationally-based programs are brief, time-limited programs.

1. Required Educationally-based Programs: Educationally-based programs, or combinations of programs, generally are provided through group sessions and shall address the following needs for intervention with the offenders and the victims of spouse abuse:

- a. Stress Management
- b. Anger Management
- c. Interpersonal Communications
- d. Support Groups
- e. Power and Control Issues

2. Some illustrative topics and activities involved in such required educationally-based programs are as follows:

- a. Understanding the dynamics of violence and the cycle of violence
- b. Self-observation of individual "behavior cycles" that precede, occur with, and follow violent events
- c. Identification of stresses in interpersonal relationships and the military environment that may stimulate anger reactions
- d. Cognitive restructuring of irrational belief systems and faulty thinking styles
- e. Recognizing and combating destructive anger-producing self-talk styles

f. Developing an understanding of the differences of learned responses to stress of males and females

g. Skills training in developing alternatives to violent behavior

h. Developing constructive communication patterns

i. Training in relaxation techniques

j. Recognizing the difference between aggressiveness and assertiveness

k. Utilizing an "anger log or diary" to record behavior and reactions to stress and anger-producing situations

PS 5.31: The following Level-One intervention and support services shall be developed and promoted by the installation, the FAP, other military activities, contractors, and/or civilian service providers: (The installation FAP policies and procedures shall describe the existing programs, under what circumstances they should be used for a case, where they are located, and how referrals and/or followups shall be made by FAP personnel. Those services marked with an asterisk (*) indicate those of the highest priority.)

1. Chaplaincy Services.

2. Child Day-Care Services.

3. Crisis Counseling*.

4. Drug and Alcohol Counseling*.

5. Educational and/or Vocational Training Services.

6. Emergency Financial Assistance.

7. Financial Counseling.

8. Health Care Services*.

9. In-home Services.

10. Housing.

11. Recreational Services.

12. Respite Care* (emergency, crisis, and protective),

13. Support Groups for Adults and Older Children.

14. Visiting Nurse Services.

15. Women's Shelter, Safe House, and/or Hospital Shelter Care*.

G. Level-Two Intervention Services

PS 5.32: Clinically-based Level-Two intervention services shall be appropriate for treating spouse abuse offenders, victims, and any minor children in the household who may require treatment services involving counseling and psychotherapy. The **FAP** shall provide such services or arrange with other military activities, contractors, and/or other civilian service providers to provide such therapeutic services. The FAP policies and procedures shall specify the criteria for the selection of the appropriate treatment service and how referrals and followups shall be made when such treatment services are provided by resources outside of the **FAP**. Should the appropriate treatment for a spouse abuse case not be provided for some reason, this decision and reason shall be documented in the case record. The types of options for these counseling and psychotherapeutic treatment services may include the following:

1. Counseling.
2. Individual Psychotherapy,
3. Psychological Services.
4. Psychiatric Services (including In-Patient Services).
5. Group Psychotherapy for Adults and Older Children.
6. Drug and Alcohol Counseling.
7. Family Therapy.
8. Conjoint Therapy for Couples.
9. Play Therapy for Children.

PS 5.33: Clinically-based Level-Two programs shall be described in the installation FAP policies and procedures.

Clinically-based Programs: Clinically-based programs, generally provided in group sessions, are intended to provide the participants with insight into their own behavior, using the psychodynamics of the group sessions. The participants are assisted to gain an understanding of their own and other individuals' psychodynamics and behavior patterns and responses through observing and confronting others in the group sessions and in being confronted themselves by others in the group. These programs provide practice exercises to increase self-control. The programs provide information to the participants, similar to that imparted in the Level-One educationally-based programs (described in PS 5.29, above). However, the Level-Two clinically-based

programs are much **less** didactic and provide deeper emotional experiences for the participants, as well as help them achieve a deeper understanding that the abusive behavior of the offender is unacceptable and how to control it. These clinically-based programs shall be for spouse abuse offenders, victims, and minor children in the household, when appropriate. The clinically-based programs shall include, but not be limited to, programs that address the issues in and causes of spouse abuse, techniques for dealing with spouse abuse and its consequences, techniques for dealing with spouse abuse, and the impact of spouse abuse on the offender, spouse victim, any minor children in the **household**, and any other witnesses to the abusive incident(s).

Ps 5.34: Level-Two intervention supportive services shall be developed, provided, and promoted by the installation. Some are similar to those listed in the Level-One intervention supportive services described in PS 5.30, above. The supportive services may be provided by the FAP or arranged to be provided through other military activities, contractors, and/or other civilian service providers. The installation FAP policies and procedures shall describe the existing programs, under what circumstances they should be used for a case, where they are located, and how referrals and followups should be made by FAP personnel. Those services marked with an asterisk (*) indicate those of the **highest** priority.

1. Chaplaincy Services.
2. Child Day Care Services.
3. Crisis Counseling* (for Adults and Children).
4. Educational and/or Vocational Training Services.
5. Emergency Financial Assistance.
6. Financial Counseling.
7. Healthcare Services*.
8. In-Home Services.
9. Recreational Services.
10. Respite Care*.
11. Support Groups for Adults and Older Children.
12. Visiting Nurse Services.
13. Women's Shelter, Safe House, and/or Hospital Shelter Care.

H. Termination of FAP Services in Spouse Abuse Cases

Ps 5.35: Policies and procedures shall specify that the decision to terminate the FAP services for a spouse abuse case shall be based on a current risk assessment, and on determination that there has been progress in the treatment of the offender and victim(s), and that the treatment objectives for the case have been met. These shall be documented by the case manager in the case record. The case closing for these reasons or for any other shall be reviewed and approved by the CRC.

CHAPTER SIX

CASE ACCOUNTABILITY IN FAP

A. Case Management

PS 6.1: A case accountability system shall be established for all FAP cases. It shall include roles and responsibilities, policies, procedures, and relevant definitions for each of the following:

1. Case management process.
2. **Role** of case manager.
3. Intake.
4. Assessment.
5. Case services and plans.
6. Case substantiation.
7. Case review.
8. Case closing.
9. Case followup .
10. Case records.
11. Case confidentiality.

PS 6.2: A case manager from the FAP staff shall be assigned for each FAP case immediately on entry of the case to the FAP system.

PS 6.3: Guidelines for how the FAP shall manage its cases shall be developed and distributed to all relevant military and community agencies.

PS 6.4: Case management is the monitoring of each FAP case from entry into until exit from the FAP system and the regulation and coordination of services provided to spouse and child abuse clients. Specific aspects shall include the following:

1. Determination and assurance of client safety.
2. Establishment and monitoring of case assessments, substantiation, plans, and services.

3. Completion and maintenance of forms, reports, and records.
4. Communication and coordination with relevant agencies and professionals on the case.
5. Case review and advocacy.
6. Case counseling with client and other direct services.
7. Case transfer and closing.

B. The Role, **Authority** and Responsibility of the Case **Manager**

PS 6.5: The case manager shall have the primary responsibility for implementation of case management services for assigned FAP cases, as defined in the installation FAP case accountability system. These services shall be provided on entry of the case into the FAP system through case closure.

c. Case or Service Plans

PS 6.6: An intake service shall be provided, whose functions include the following:

1. Receipt of all reports of spouse and child abuse and the identification of cases ("Case Identification").
2. Initial assessment.
3. Appropriate notification, in accordance with installation guidelines.
4. Followup with referral source.
5. Emergency response (risk assessment) within 40 hours of report.
6. Case assignment.

PS 6.7: The installation FAP intake service shall accept every report of abuse and determine the intervention necessary for the protection of the child or adult victim by the FAP, according to established FAP criteria, or provide information and referral services to the more appropriate professional or agency. The referral source shall be notified of the FAP's decision to provide (or not to provide) services and why, within the guidelines for confidentiality.

PS 6.8: All reports of abuse or neglect shall result in the opening of a case. An initial assessment shall be conducted and case management services shall be provided on all cases. The status of the case may change based on the investigation or initial assessment.

PS 6.9: The assigned FAP case manager shall have the responsibility for presenting information from the law enforcement investigation reports to the appropriate CRC for case review, planning, and making a determination on the status of the case ("substantiated," "suspected," or "unsubstantiated").

PS 6.10: **The** appropriate CRC shall review all open **FAP** cases and, based on all available evidence, **determine** the status of the cases, according to established criteria for substantiated, suspected, and unsubstantiated abuse cases.

PS 6.11: Specific and immediate time frames shall be established for the initial assessment and initial case plan for child and spouse abuse cases that are in accordance with DoD Directive 6400.1 (reference (c)) and acceptable standards of practice. The assigned case manager has the responsibility to monitor provision of these services and report this information to the appropriate CRC. This report may occur after these services have been provided, based on the unique needs of the case and the applicable risk and protection standards.

PS **6.12**: The assigned case manager shall develop a case service plan in collaboration with the client(s) (offender(s), victim(s), and other minor children when appropriate), based on referral and investigative information, the initial assessment, and outcome of the initial case plan and family assessment. The case or service plan shall contain specific goals, time frames, and coordination of necessary resources and services. The case plan should be modified or revised, according to continuing assessment and as circumstances in the case change.

PS 6.13: The assigned case manager shall present the case or service plan to the CRC for approval, and implement resulting service recommendations.

PS 6.14: The designated CRC (spouse or child abuse) shall review and approve the case plan and make specific service recommendations with the goal of stabilizing families and eliminating the domestic violence.

PS **6.15**: Each active FAP case shall be reviewed regularly by the appropriate CRC, in accordance with specific time frames (at least every 90 days) and criteria established by the FAP0. Cases to be reviewed shall include those families considered to be "at risk for further abuse," and "cases between installations. " The case manager has the responsibility for presenting each case and its progress to the CRC, along with modifications of goals and reconunendations for the case. The CRC shall add recommendations for the goals, services, and time frames of the treatment plan to be implemented by the case manager. Reconunendations to the commanders shall be made on participation, continuation of services, or recommended administrative action.

Ps 6.16: The case manager shall be required to monitor the case, even when the case is being served by a local jurisdiction or community agency. This standard shall be specified in the pertinent MOU.

PS 6.17: Continuity of services, feedback, and **followup** shall be ensured in active FAP cases that are transferred to other installations, branches of Service, case managers and/or counselors or to civilian agencies. These shall be ensured through the development of policies, procedures, and responsibilities on the transfer of cases, including the following:

1. Development of case psychosocial history, summary, assessment, and recommendations.
2. Preparation of client and/or family leading to transfer.
3. Recommendations on transfers (CONUS and OCONUS).
4. Notification and information to the gaining installation FAP.
5. Feedback to originating installation after relocation has occurred.
6. Completion and transfer of records and forms within time frames to reduce risk of victims.
7. Identification of needed versus available supports and services.
8. Case conference (or case review with the CRC) on continued services and necessary protective standards.
9. Movement and/or separation of the child in child abuse cases.
10. Protection of victims.
11. Specific time frames for materials due to the gaining installation.

Ps 6.18: The case manager shall have the primary responsibility and oversight for implementing the case transfer process.

D. Case Closing

PS 6.19: Criteria shall exist for closing of FAP cases. These criteria may not be arbitrary in nature, but will be determined through regular case review, case progress, and client need. Services should also be terminated when a report has been found to be "unsubstantiated" and no other services have been deemed necessary. Guidelines for closing of cases shall include the following:

1. When possible, involvement of the family and/or client in the decision-making and preparation for termination of services.
2. Planning with other agencies and professionals involved in the case.
3. Case closure decisions by the case manager and the CRC.
4. Consideration of necessary community supports and referrals.

5. Completion of required forms and summaries for case records.

6. No longer eligible beneficiaries. Referrals to civilian programs shall be made when possible.

7. Unsuccessful treatment with administrative action indicated.

PS 6.20: The case manager shall have the primary responsibility for implementing case closures.

PS 6.21: After a case is closed, support services shall be available to ensure the stability of the client or family. These support (followup or aftercare) services may not be imposed, and should involve the identification of, and referral to, available relevant services.

E. Case Records

PS 6.22: Policies and procedures shall exist governing case records and guidelines for case recording to achieve case goals. Policies shall include the following:

1. Format and content of the record.
2. Receiving and releasing information.
3. Access to case information and related circumstances.
4. Plans governing record retention and destruction.
5. Case storage.
6. Use of records for research, teaching, and/or training.
7. Use of records for command or law enforcement officials,
8. Use of records for public relations.
9. Computerized record keeping.

10. Adherence to the "Privacy Act of 1974," (Pub. L. No. 93-579), (reference (e)) and DoD and Military Department guidance implementing that Act.

PS 6.23: A case record shall be prepared for each initial report of child or spouse abuse. Each subsequent **incident** shall be documented in the case record.

PS 6.24: The case manager shall have primary responsibility and oversight for the development, documentation, and maintenance of case records.

PS 6.25: The content of the case record shall include specific and accurate client material on the client's situation and service delivery, and shall be in a format that is easily understood. Specific content shall comply with DoD Directives and Service and installation directives, and shall include, but not be limited to, the following:

1. Nature of problem presented or request made (nature of abuse).
2. History of abuse (offender(s) and victim).
3. What client (offender, victim, or family) has done about the problem.
4. Client attitude on problem and treatment.
- 5.** Worker assessment, plans, and time frames.
6. Progress of the case (to include case status and/or determination).
7. Family members' identifying information:
 - a. Names.
 - b'. Addresses.
 - c.** Telephone numbers.
 - d. Relatives and friends.
 - e.** Legal authorization (medical, Privacy Act (reference (e)), and consent for release of information, etc.).
8. Date of case opening, referral information, and case closing.
9. Relevant factual information regarding health, housing, income, and employment.
10. Periodic case summaries and documentation.
11. Applicable forms.
12. Documentation of examination.
13. Photographs.
14. Notification of commander.
15. Legal documentation.

PS 6.26: A system of assessing and monitoring the content of case records shall be established.

PS 6.27: Policies and procedures shall exist on the offender's or victim's access to the case records.

PS 6.28: All case records shall be stored in the FAP office in a secure storage area.

PS 6.29: All installation FAP case records shall be treated as "confidential" in accordance with DoD Directives 6400.1 (reference (c)) and 5400.11 (reference (d)), Service and installation guidelines.

PS 6.30: Case records for closed and unfounded cases shall be handled, in accordance with DoD Directive 5400.11 (reference (d)) and Service directives.

F. Confidentiality of **FAP** Cases

PS 6.31: **FAP** cases shall be treated as "confidential" and only be released to sources authorized in DoD Directive **6400.1** (reference (c)), and installation policies. As a matter of policy, DoD will also voluntarily adhere to the substantive provisions of applicable State laws, although DoD is not subject to them.

PS 6.32: In cases involving minors, written policies shall be developed on the involvement of parents during the time that the minor client is receiving services from or through, the FAP. While the parents' rights shall not be violated, the protection of the minor client shall be the primary concern.

PS 6.33: Policies and procedures shall exist that ensure that FAP personnel discuss fully with clients why information is being gathered, circumstances under which information shall be released and whether the client shall have the opportunity to check the facts for accuracy. Sharing of information with individuals or organization (military or civilian) shall occur when professional judgment indicates that it is in the best interest of the victim or family, when the offender poses a threat to the larger community, and when there is a need to know. The FAPs responsibility under DoD Directive 5400.11 (reference (d)) shall be maintained. These policies shall be established, in accordance with DoD and Service directives.

PS 6.34: Policies shall exist governing FAP personnel authorized to request Central Registry information. (The Central Registry is responsible for monitoring the access and retrieval of case information). The installation FAP personnel shall be aware of these policies and Service members seeking information shall be informed about these policies.

CHAPTER SEVEN

STAFFING FOR THE FAP SERVICES

A. Qualifications and Credentials

PS 7.1: The Installation shall comply with the requirements of DoD, Service, and installation directives for the qualifications and credentials of **professional** personnel providing FAP services.

PS 7.2: The FAP professional personnel shall function as members of multidisciplinary teams involving FAP cases.

1. Level-One Intervention Services Professionals

a. Practitioners for Level-One Intervention Services

PS 7.3: Minimum qualifications for FAP professional practitioners engaged in providing Level-One intervention services shall be established, as described in this standard, below. Personnel with less than the qualifications for the Level-Two intervention services shall be excluded from doing assessments and mental health counseling services except as a co-counselor with a privileged professional. (Cross-referenced to "Staffing" PS 7.1, above.)

1. Education:

- a. Bachelor of Social Work degree
- b. Bachelor of Psychology degree
- c. Bachelor of Marriage, Family and Child Counseling degree
- d. Bachelor of Counseling or Behavioral Science degree

2. Experience: Minimum of 2 years of experience in family and children's services post Bachelor degree

3. Supervision: Must be supervised by a Master's degree level supervisor.

b. Supervisors of Level-One Professional Personnel

PS 7.4: A supervisor of professional FAP personnel shall have the minimum **qualifications** and credentials as described below in 1 through 3 below:

1. Education:

- a. Master of, or Doctoral degree in Social Work

- b. Master of, or Doctoral degree in Psychology
- c. Master of Marriage, Family, and Child Counseling degree
- d. Master of Counseling or Behavioral Science degree

2. Credentials: Not necessary. Supervisors of individuals providing only educational interventions do not need to be credentialed as independent providers.

3. Experience:

a. Minimum: Two years of postgraduate clinical, counseling, or teaching experience, in family and children's services

b. Preferred: Minimum of 5 years of postgraduate degree experience, including 2 years of clinical, counseling, or teaching experience in family and children's services, plus at least 1 year of prior experience as a supervisor of professional services

2. Level-Two Intervention Services

a. Professional Practitioners for Level-Two Intervention Services

PS 7.5: All Level-Two assessments and interventions (because they are considered clinical in nature) must be provided directly by or under the clinical supervision of a licensed, privileged provider. Supervised cases remain the clinical responsibility of the privileged provider. These professionals providing assessments and treatment services shall have the following education, credentials, and professional experience.

1. Education: As a minimum have a Master of Social Work degree from a program accredited by the Council on Social Work Education, or have a Doctoral degree in Psychology.

2. Credentials: Licensed, in accordance with DoD Directive 6025.6 in their profession, and privileged by the Service, in accordance with DoD Directive 6025.4 based on their education, training, and experience.

3. Experience: Minimum of 2 years of postgraduate clinical and/or counseling experience in family and children's services.

b. Clinical Supervisors of Level-Two Professional Personnel

PS 7.6: Other specified individuals may provide Level-Two assessments and treatment services, but only under the direct clinical supervision of a licensed, privileged provider and if these individuals have met the following minimal education and work experience standards:

1. Have a Master's degree in Social Work, Psychology, Marriage and Family Counseling, Counseling, or Behavioral Science.

2. Two years of clinical and/or counseling experience in family and children's service. .

The ongoing supervision of these individuals must be documented in the individual client records or case notes.

B. Work Assignments

PS 7.7: Policies and procedures shall define the criteria for assigning cases and other duties to professional and paraprofessional FAP personnel. A periodic time-task study of activities for all FAP staff shall be done by the FAPO or FAC to provide data for planning and accountability of the activities related to work assignments. (Cross-referenced to "Planning" PSS 8.1, 8.6, and 8.7, Chapter 8, below.)

PS 7.8: Policies and procedures shall define a formula for determining the number of support and administrative personnel needed to support the work of the FAP professional and paraprofessional functions, in accordance with DoD Directives and Service and installation directives.

C. Work Loads

PS 7.9: A victim count (using the sponsor's military identification number) shall be used as the basis for establishing caseload sizes for FAP professional personnel. A FAP case is established for each victim of child or spouse abuse. The individual cases of victims within a specific family (sponsor's family) shall be cross-referenced in the case records and in the FAP's management information system.

PS 7.10: The installation shall comply with DoD and Service workload standards. The FAP workload measures shall take into account the equitable balance between caseload activities and other FAP, or related functions being performed by an individual FAP staff member. Criteria shall be established for determining caseload sizes which take into account the following:

1. Complexities of the cases.
2. Severity of the problems and the abuse incidents.
3. Amount of time required to monitor the protection of the victims.
4. **Size** and functioning of the family,
5. Comprehensive nature of the services.
6. Number of collateral contacts that must be maintained.

7. The number of cases the professionals are carrying as case managers.
8. Other issues as reflected in professional standards in the field.

D. Supervision and Job Performance Evaluations

PS 7.11: Each FAP professional, paraprofessional, support, and administrative staff member, including volunteers carrying out FAP functions, shall receive appropriate professional and administrative supervision on a weekly basis.

PS 7.12: Policies and procedures shall define the minimum standards for individual supervision of a FAP staff member by the immediate supervisor. These standards shall include provisions for varying levels of competency.

E. Training and Personnel Development

PS 7.13: An **annual** FAP personnel training and personnel development plan shall be **developed**. It shall include the Family Advocacy Staff Training (FAST) and other appropriate training events, for professional, paraprofessional, support, and administrative personnel, and volunteers working in the FAP unit. Such an annual training plan shall be based on the assessment of training and staff **development** needs with advice from the **FAP** personnel and volunteers. Additionally, the **FAP** training plan shall **include** data obtained through the FAP personnel annual performance evaluation, specifically information about any training expectations for individual staff members that should be met during the next evaluation period. (Cross-referenced to "Planning" PS 8.7, Chapter 8, below.)

PS 7.14: A written record shall be maintained documenting the training and personnel development activities for each professional and paraprofessional FAP staff member. The original report shall be filed in the installation personnel file, in accordance with applicable installation directives. A copy shall be retained in the FAP supervisor's files for supervisory reference. Such a training record shall include the dates, duration, subjects, or content covered; title of the training; the primary trainer; and other pertinent information. (Cross-referenced to "QA" PS 8.6, Chapter 8, below.)

PS 7.15: A calendar of training and personnel development events and opportunities shall be maintained. FAP personnel shall be provided a condensed calendar of those training and personnel development events particularly relevant to them.

CHAPTER EIGHT

PROGRAM PLANNING AND EVALUATION

A. Data Collection, Analysis, and Utilization

PS 8.1: A standardized, Service-developed reporting **format shall** be implemented for the regular collection and analysis of information to be used for program planning, administration, interpretation, **research, and funding of FAP services.** Installation FAP forms shall be integrated to the **degree possible** with the Uniform Semite reporting format.

PS 8.2: Statistical methods shall be used to maintain an accurate record of services provided and to identify recurring problems that have implications for program activities. Identifying information may not be used in unsubstantiated cases. Services provided, types and classification of incidents or allegations received, and the disposition of cases, including those unsubstantiated or not accepted for FAP service, shall be recorded. Where possible, this data should be kept in a computerized format. When not computerized, the data shall be formatted, organized, and maintained in a manner that allows clear and ready access. The data shall provide discrete information on the number, problems, and characteristics of the children, spouses, and families served. Data collection shall be integrated to provide required information to the Department of Defense, the respective Military Services FAP managers at Service Headquarters, and State child abuse registries, where this is required.

PS 8.3: DoD or Service-approved forms, consistent with DoD standards for monthly and annual reporting of required statistical data, shall be used. The statistical data shall accurately present the volume and types of services provided by the FAP and shall be made available to the FAP staff. Consistent data collection within each Service and among Services shall be supported by standardized definitions of terms.

B. Program Evaluation

PS 8.4: Individual installation programs shall be periodically and regularly evaluated to determine whether they continue to meet specific program needs or require adaptation. The evaluation shall include definitions of program objectives, progress toward meeting program objectives, and the identification of barriers to meeting program objectives. The evaluation shall provide objective feedback to managers and policy-makers on the cost and benefits of individual program components. A program evaluation shall do the following:

1. Ensure that the services provided are in accordance with applicable DoD and Service directives,
2. Assess the adequacy and efficiency of the FAP resources available to meet program objectives.

3. Ensure that the evaluation points out information that can be utilized in program planning, staff training, and community relations.

4. Determine whether services are effective by using a valid unbiased research design to measure the results-of FAP intervention.

PS **8.5:** Objectives shall be established for those programs and services provided through contracts, to measure the contractor's effectiveness in meeting these objectives.

C. QA

PS **8.6:** Written plans with related policies and procedures shall be developed at both the installation and the MTF to do an on-going evaluation of the quality of services provided. Particular emphasis shall be placed on reviewing credentials and granting privileges to providers; monitoring the impact of all of the FAP-related services, departments, and resources; and detecting trends, patterns of performance, and potential problems. This process shall address the quality, utilization, appropriateness, and timeliness of the services being provided, in accordance with Service directives.

D. Planning Efforts and Results

PS **8.7:** An annual planning process shall exist to review program progress and changing program directions, populations, and patterns. The outcome shall be an updated FAP plan with specific objectives, needs, and strategies. The planning process shall include relevant representatives of the medical staff, command personnel, and FAC members. Other appropriate professionals and civilian community agency representatives shall be invited to participate. The use of statistics from the FAP data collection efforts, program evaluation, and other QA efforts shall serve as a primary source of information for this effort. Plan proposals and results shall be made available to Service Headquarters and other appropriate military and community agencies outside of DoD, in compliance with the Privacy Act (reference (e)), and DoD Directive 5400.11 (reference (d)).